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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/525,998-Conf. #6220

Filing Date February 28, 2005

First Named Inventor Shiro Sakai

Art Unit 2814

Examiner Name D. P. Nguyen

Attorney Docket Number 08228/073001

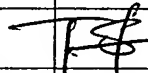
ENCLOSURES (Check all that apply)☒ Fee Transmittal Form☒ Fee Attached☒ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):

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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name OSHA · LIANG LLP

Signature  #45,079

Printed name Jonathan P. Osha THOMAS SCHERER

Date March 20, 2007

Reg. No. 33,986



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/525,998-Conf. #6220
TOTAL AMOUNT OF PAYMENT		Filing Date	February 28, 2005
(\$)		First Named Inventor	Shiro Sakai
300.00		Examiner Name	D. P. Nguyen
		Art Unit	2814
		Attorney Docket No.	08228/073001

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha · Liang LLP</u>			

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____

_____	_____	_____	_____
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HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____

_____	_____	_____	_____
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HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
_____	_____	_____	_____	_____

_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	1806 Submission of an Information Disclosure Statement	180.00
	1251 Extension for Response within first month	120.00

SUBMITTED BY

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	<u>Jonathan P. Osha</u>			Date	March 20, 2007



Application No. (if known): 10/525,998

Attorney Docket No.: 08228/073001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV943707731US in an envelope addressed to:

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Amendment Transmittal (1 page)
Response to Final Office Action and Attachments (16 pages)
Fee Transmittal (1 page)
IDS (Citation) by Applicant (3 References) (1 page)
Supplemental Information Disclosure Statement (2 pages)
Two References (attached)
Transmittal Form (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Payment by credit card. Form PTO-2038 is attached (1 page)
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